

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL

APPLICANT(S)

FILING DATE

10531706

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
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TOTAL IND.	/8	↓	/	↓		↓
TOTAL DEP.	/8	↔	27	↑		↔
TOTAL CLAIMS	19	[REDACTED]	28	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔		↑		↔
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]